



Alison & Louise at
Perfect Harmony

COVID-19 SCREENING FORM

PATIENT NAME:..... DATE OF BIRTH:.....

DATE OF BOOKED APPOINTMENT:.....

PLEASE ANSWER THE FOLLOWING QUESTIONS

1.HAVE YOU, OR ANYBODY IN YOUR HOUSEHOLD BEEN OUT OF THE COUNTRY IN THE PAST TWO MONTHS?
YES/ NO

2. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EXPERIENCED ANY OF THE FOLLOWING SYMPTOMS IN THE PAST 21 DAYS?

COUGH OR COLD SYMPTOMS YES / NO

CHANGES IN TASTE OR SMELL YES / NO

UNUSUAL FATIGUE YES / NO

HEADACHE YES / NO

NAUSEA YES / NO

VOMITING YES / NO

UNUSUAL SHORTNESS OF BREATH YES / NO

SORE THROAT YES / NO

HOARSE/LOSS OF VOICE YES / NO

CHEST PAIN OR TIGHTNESS YES / NO

STOMACH PAIN YES / NO

RAISED RED ITCHY WELTS ON SKIN YES / NO

SUDDEN SWELLING OF LIPS AND FACE YES / NO

RED OR PURPLE SORES/BLISTERS ON FEET YES / NO

CONFUSION/DISORIENTATION/DROWSINESS YES / NO

UNUSUAL EYE SORENESS YES / NO

LOSS OF APPETITE YES / NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE PLEASE PROVIDE FURTHER DETAILS

3. HAVE YOU BEEN EXPOSED TO ANYONE WITH THE ABOVE SYMPTOMS OVER THE PAST 21 DAYS? YES / NO / UNSURE

4. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN TESTED FOR COVID-19? YES / NO.

IF YES WHAT WAS THE RESULT? NEGATIVE / POSITIVE

5. HAVE YOU BEEN IN CONTACT WITH ANYBODY WHO HAS SINCE BEEN KNOWN TO HAVE COVID-19 IN THE LAST 21 DAYS? YES / NO.

6. HAVE YOU HAD TO SELF ISOLATE DUE TO COVID-19 IN THE LAST 4 WEEKS? YES / NO

7. HAVE YOU BEEN INTERACTING WITH THE GENERAL PUBLIC IN THE LAST 21 DAYS WHERE SOCIAL DISTANCING MEASURES HAVE NOT BEEN 100 % MAINTAINED? YES / NO

8. HAVE YOU BEEN TO A DOCTORS CLINIC OR HOSPITAL IN THE LAST TWO WEEKS? YES / NO

9. WHAT IS YOUR OCCUPATION?.....

10. HAVE YOU BEEN TO WORK IN THE LAST 21 DAYS? YES / NO

IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS 3- 10 PLEASE GIVE FURTHER DETAILS BELOW

Risk Level	
LOW	PROCEED
MODERATE	CLINICAL DISCRETION
HIGH	DO NOT PROCEED

Therapist Signature – Date - Print
